MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

0 1 5 8 2 3 0 9

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4			/				54						
5	/						55						
6			/				56						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⇓		⇓		⇓	TOTAL IND.		⇓		⇓		⇓
TOTAL DEP.	4	⇐		⇐		⇐	TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS	6						TOTAL CLAIMS						